

**Children's Bureau  
Child and Family Services Reviews  
Consultant Profile Form**

**November 2005**  
**(Please Type or Print Legibly)**

<b>Identifying Information</b>		
First Name	Middle Name/Initial	Last Name
Home Address (Street):		
City:	State:	ZIP Code:
Home Phone: (    )	Cellular Phone: (    )	
Organization:		
Title:		
Work Address (Street):		
City:	State:	ZIP Code:
Business Phone: (    )	Ext.:	Facsimile: (    )
E-mail Address:		
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work		
Emergency Contact Name:	Relationship:	
Emergency Contact Daytime Phone:	Emergency Contact Evening Phone:	
Emergency Contact Cellular Phone:		

## Ethnicity/Race

The checklist below includes Federal race and ethnic classifications as defined by the Office of Management and Budget. Responding to this section of the profile is voluntary. Please note that this information will be used solely to ensure the diversity of the child and family services review teams. Check one category under ethnicity and all that may apply under the race category:

Ethnicity	Race
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Unknown	<input type="checkbox"/> American Indian or Alaska Native
	<input type="checkbox"/> Asian
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Unknown

## Gender

<input type="checkbox"/> Female	<input type="checkbox"/> Male
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## Language Fluency

Please indicate your ability to fluently read, speak, or write any of the languages listed below. Applicants indicating fluency in a particular language should be able to conduct interviews and/or read case records in that language. (Please check all that apply.)

Language	Read	Speak	Write	
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Haitian Creole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Licenses and Accreditations

Please specify in 250 characters or less.

## Education

Please indicate your completed level of education in the following fields. Check all that apply.

Field	Degree			
	Bachelor's	Master's	Ph.D.	J.D.
Social Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Human Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify in 50 characters or less):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Experience

A minimum of 2 years of direct field experience and/or supervisory, administrative, or management experience in a public (Federal, State, or local) or private child welfare agency; or at least 2 years of direct experience working for a State Court Improvement Project or juvenile or family court dealing with child welfare cases is required to be eligible to serve as a consultant reviewer. This may include providing services or supervising, administering, or managing programs in any of the following:  
 (1) child protective services, (2) foster care, (3) adoption, (4) family preservation, (5) family support, (6) independent living services, or (7) licensure/approval of foster and adoptive families.

From the following list, please specify in the section on the following page, the two areas in which you have the most demonstrated substantive experience. Then check the type(s) of experience you have in each area and provide a summary of the experience in the space provided below.

Adoption	Kinship Care
Child Protective Services	Licensure of Foster and Adoptive Homes
Domestic Violence	Mental Health
Family Preservation	Quality Assurance
Family Support	Residential Care
Foster Care	Substance Abuse
Independent Living Services	

Areas of Experience	Type(s) of Experience
Please specify only two areas from the list above.	Check all that apply.
1.	1. <input type="checkbox"/> Direct Service <input type="checkbox"/> Supervisory <input type="checkbox"/> Management
2.	2. <input type="checkbox"/> Direct Service <input type="checkbox"/> Supervisory <input type="checkbox"/> Management
<b>Summary</b>	
<div>Agency: _____</div> <div>Title: _____</div> <div>From (month/year): To (month/year): _____</div> <div>Summary of Experience: _____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>	
<div>Agency: _____</div> <div>Title: _____</div> <div>From (month/year): To (month/year): _____</div> <div>Summary of Experience: _____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>	
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## Skills

Please indicate the areas in which you have demonstrated skills. Check all that apply. If you do not have demonstrated skills in a particular area, please leave the box blank.

☐ Interviewing children and families engaged in child welfare services

☐ Conducting assessments of program/agency documentation

☐ Conducting reviews of child welfare services

☐ Facilitating group process

☐ Interviewing community stakeholders, (including child welfare professionals)

☐ Participating as a State Team Member in a Children's Bureau child and family services review

## Computer Experience

The review process involves using computers to input data and complete forms. Please check the boxes that most accurately reflect your computer experience.

Please indicate how often you use a computer.

☐ Never

☐ Occasionally

☐ Frequently

☐ Daily

Based on the definitions below, please indicate your overall computer skill level.

☐ Beginner (Basic word processing, E-mail, Internet)

☐ Intermediate (Data entry using databases and spreadsheets in addition to Beginner skills)

☐ Advanced (Navigating and troubleshooting problems with databases and spreadsheets in addition to Beginner and Intermediate skills)

## Special Skills

Please describe any special skills or experience that you bring to the review process (in 250 characters or less, for example, experience in working with special populations or working on child welfare agency quality assurance teams).


## Professional Biography

Please insert below a brief one-paragraph **professional** biography (please do not include personal information.)

## Travel/Review Week Requirements

Please indicate your travel availability.

- ☐ Willing and able to travel to other States to participate in week-long child and family services reviews (including a willingness to work long hours and to participate in debriefings at the end of each day).

## Special Travel Needs

Please specify special travel needs, including accommodations and dietary needs.

## Referral Information

Who referred you to inquire about serving as a consultant? Please provide the referrer's name and telephone number.

Referred by: (Please check one.)

- ☐ Self \_\_\_\_\_
- ☐ Children's Bureau \_\_\_\_\_
- ☐ ACF Regional Office \_\_\_\_\_
- ☐ National Resource Center \_\_\_\_\_
- ☐ National Child Welfare Organization \_\_\_\_\_
- ☐ State Child Welfare Agency \_\_\_\_\_
- ☐ Other (please specify in 50 characters or less): \_\_\_\_\_

Telephone Number:

## Materials To Submit

Please submit the following materials by mail to the Child Welfare Review Project at the address shown below:

- Consultant Reviewer Profile
- Resume
- One-paragraph Professional Biography

**Child Welfare Review Project**  
c/o Johnson, Bassin & Shaw, Inc.  
8630 Fenton Street, 12th Floor  
Silver Spring, Maryland 20910